

REMARKS/ARGUMENTS

Claims 1 - 10 were in the application. In the last office action, claims 4 - 10 were objected to as violating the prohibition against dependence of one multiple dependent claim on another multiple dependent claim. The claims have been amended to remove the objectionable multiple dependencies and for greater consistency with U.S. idiom and practice.

Claims 1 - 3 were rejected under 35 U.S.C. § 102 as anticipated by Rossi. This rejection is respectfully traversed.

Rossi neither discloses nor suggests a locoregional anaesthesia device. Rossi does not seek to administer anaesthesia to the nervous system in order to prevent pain in a specific region of the body.

Rossi discloses a device for introducing a catheter into a body cavity such as a vein. Like applicant, Rossi employs a canula which is inserted into the vein in order to provide a channel through which the catheter can be inserted.

Unlike applicant's canula which is not intended to be introduced into a blood vessel, Rossi's canula must be air tight in order to prevent ambient air from being drawn into the blood vessel during compression and expansion, thereby causing an embolism before the catheter is introduced. Rossi's canula, therefore, must not, and does not, have a slit along its length through which unwanted air could be introduced.

Rossi provides for removal of the removal of the canula from about the catheter, after insertion of the catheter, by providing the wall of the catheter with a longitudinally weakened area which can be ruptured as the canula is torn away from the catheter. The force required to rupture the wall of the canula along its length is substantial and must, at least in part, be transmitted to the catheter.

The force exerted on Rossi's catheter during removal of the canula results in movement of the former. This is tolerable in the case of a catheter used to deliver fluids into a blood vessel. However, the critical positioning of an electrical stimulation needle mounted on the catheter of applicant's device makes Rossi's device, which would cause movement of the catheter during removal of the canula, entirely unsuitable for locoregional anaesthesia.

In the case of locoregional anaesthesia, the device needs to be inserted into a region of the body close to nerves, and not into a blood vessel into which air can be drawn to cause an embolism. Due to the precision in placement required during the injection of locoregional anaesthesia, a catheter through which the anaesthesia is introduced must not be permitted to move during a withdrawal of the canula. Rossi does not teach or suggest the provision of a canula with a longitudinal opening in the form of a slit from end to end for allowing the withdrawal of the canula without moving the introduced catheter.

It is also noteworthy that, contrary to the Examiner's assertion, nowhere in Rossi is there any disclosure or suggestion of an electrical stimulation needle.

In view of the foregoing, it is respectfully submitted that the application is now in condition for allowance. Early and favorable action is earnestly solicited.

An unpaid fee required to keep this case alive may be charged to deposit account 06-0735.

Respectfully Submitted,

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